

Statement of Information

To: _____ Code: _____

To expedite the completion of your escrow, please fill out and return this form at your earliest convenience. This information is for confidential use by Trimark Funding, Inc. in searching the land title records in connection with the order number shown above.

PERSONAL IDENTIFICATION

(FIRST NAME) (FULL MIDDLE NAME - IF NONE, INDICATE) (LAST NAME) Date of Birth _____

Business Phone _____ Home Phone _____ Birthplace _____

Social Security No. _____ I have lived continuously in the U.S.A since _____

(If married, complete the following)

Full Name of husband / wife _____
(FIRST NAME) (FULL MIDDLE NAME - IF NONE, INDICATE) (LAST NAME)

HIS / HER Birthplace _____ His / Her Date of Birth _____

HIS / HER Social Security No. _____ HE / SHE has lived continuously in the U.S.A. since _____

We were married on _____ at _____

Wife's maiden name _____

RESIDENCES DURING PAST 10 YEARS - Present to Past

NUMBER AND STREET CITY FROM (DATE) TO (DATE)

NUMBER AND STREET CITY FROM (DATE) TO (DATE)

NUMBER AND STREET CITY FROM (DATE) TO (DATE)

OCCUPATIONS DURING PAST 10 YEARS - Present to Past

Husband's _____
FIRM NAME LOCATION / DATES

FIRM NAME LOCATION / DATES

FIRM NAME LOCATION / DATES

Wife's _____
FIRM NAME LOCATION / DATES

FIRM NAME LOCATION / DATES

FIRM NAME LOCATION / DATES

FORMER MARRIAGE(S), IF ANY

(If no former marriage or marriages, write "None" _____ Otherwise, please complete the following)

Name of former wife _____

Deceased Divorced When _____ Where _____

Name of former husband _____

Deceased Divorced When _____ Where _____
(If more space needed, use reverse side of form)

The street address of the property in this transaction is: _____

IMPROVEMENTS: SINGLE RESIDENCE MULTIPLE RESIDENCE COMMERCIAL

OCCUPIED BY: OWNER LESSEE TENANTS

ANY PORTION OF NEW LOAN FUNDS TO BE USED FOR CONSTRUCTION: YES NO

DATE _____ SIGNATURE _____

TRIMARK FUNDING

INFORMATION DISCLOSURE AUTHORIZATION

THE UNDERSIGNED DOES HEREBY AUTHORIZE AND REQUEST THAT YOU
RELEASE TO TRIMARK FUNDING, FOR VERIFICATION PURPOSES, INFORMATION
CONCERNING THE FOLLOWING:

EMPLOYMENT HISTORY, DATES, TITLE, INCOME, ETC.

BANKING AND SAVINGS ACCOUNTS OF RECORD

MORTGAGE LOAN RATING (INCLUDING OPENING DATE, HIGH CREDIT, PAYMENT
AMOUNT, LOAN BALANCE AND PAYMENT RECORD)

ANY OTHER INFORMATION DEEMED NECESSARY IN CONNECTION WITH A CONSUMER
CREDIT REPORT FOR A REAL ESTATE TRANSACTION

A PHOTOGRAPHIC REPRODUCTION OF THIS AUTHORIZATION IS DEEMED
TO BE EQUIVALENT TO THE ORIGINAL AND MAY BE USED AS SUCH

DATE: _____ SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

DATE: _____ SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

TRIMARK FUNDING

**“Helping you
achieve your
financial goals.”**

Thanks for choosing TriMark Funding.

Enclosed are three (3) initial forms
to be filled out in their entirety.

Once completed fax back to the number listed
below. Once received we can have your approval
with in 48 hours.

Thanks again and we look forward to working with
you. Stephanie Bowie

TRIMARK FUNDING

Voice 877-695-4900 Fax 714-782-5639